



Newcastle Gateshead Clinical Commissioning Group

Primary Care Commissioning Committee Terms of Reference

1. Introduction

- 1.1 The Governing Body has established the Newcastle Gateshead CCG Primary Care Commissioning Committee (the Committee). The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers in line with Newcastle Gateshead CCG's Constitution.

2. Statutory Framework

- 2.1 NHS England has delegated to the CCG authority to exercise the primary care commissioning functions as set out in Schedule 2 in accordance with section 13Z of the NHS Act.
- 2.2 Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between the NHS England and the CCG.
- 2.3 Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:
- a) Management of conflicts of interest (section 14O)
 - b) Duty to promote the NHS Constitution (section 14P)
 - c) Duty to exercise its functions effectively, efficiently and economically (section 14Q)
 - d) Duty as to improvement in quality of services (section 14R)
 - e) Duty in relation to quality of primary medical services (section 14S)
 - f) Duties as to reducing inequalities (section 14T)
 - g) Duty to promote the involvement of each patient (section 14U)
 - h) Duty as to patient choice (section 14V)
 - i) Duty as to promoting integration (section 14Z1)
 - j) Public involvement and consultation (section 14Z2)

- 2.4 The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those in accordance with the relevant provisions of section 13 of the NHS Act:
- a) Duty to have regard to impact on services in certain areas (section 13O)
 - b) Duty as respects variation in provision of health services (section 13P)
- 2.5 The Committee is established as a committee of the Governing Body in accordance with Schedule 1A of the NHS Act. The members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.

3 The role of the Primary Care Commissioning Committee

- 3.1 The Committee has been established in accordance with the above statutory provisions to enable the members of the committee to make collective decisions on the review, planning and procurement of primary care services in Newcastle and Gateshead, under delegated authority from NHS England.
- 3.2 The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act, as set out in section 4, below.
- 3.3 In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and Newcastle Gateshead CCG, which will sit alongside the delegation and terms of reference.
- 3.4 The functions of the Committee are undertaken in the context of a desire to promote increased quality, efficiency, productivity and value for money and to remove administrative barriers.

4 Responsibilities of the Primary Care Commissioning Committee

The responsibilities of the Committee include the following:

- a) Decisions in relation to General Medical Services (GMS), Personal Medical Services (PMS) and Alternative Providers of Medical Services (APMS) contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract)
- b) To manage the delegated primary care budget
- c) Decisions in relation to newly designed enhanced services (Local Enhanced Services and Directed Enhanced Services)
- d) Decisions in relation to local incentive schemes, including the design and implementation of such schemes
- e) To plan primary medical care services, including Primary Care needs assessments

- f) To undertake reviews of primary medical care services
- g) Decision making on whether to establish new GP practices in an area
- h) Approving practice mergers and de-mergers
- i) Decisions on practice closures
- j) Planning new primary care estate
- k) Making decisions on 'discretionary' payment (e.g. returner/retainer schemes)
- l) Responsibility for GP practice contract management and performance
- m) Discussions in relation to the management of poorly performing GP practices (excluding any decision in relation to the performers list).

5 Geographical Coverage

5.1 The Committee will comprise the area covered by Newcastle Gateshead CCG

6 Membership of the Committee

6.1 The committee shall have a lay/executive majority. Membership of the committee will consist of:

- a) A Lay Member of the CCG (Chair of the committee¹)
- b) A Lay Member of the CCG (Vice Chair of the committee²)
- c) The CCG Medical Director
- d) The CCG Chief Finance Officer (or designated deputy)
- e) The CCG Director of Newcastle System
- f) The CCG Director of Gateshead System
- g) The CCG secondary care specialist doctor
- h) A CCG GP Clinical Director

In attendance:

- a) A representative from NHS England
- b) The CCG Designated Lead for Primary Care

6.2 A standing invitation will be made to specified partners, namely:

- a) A representative from HealthWatch (Gateshead)
- b) A representative from HealthWatch (Newcastle)
- c) A representative from the Health and Wellbeing Board (Gateshead)
- d) A representative from the Wellbeing for Life Board (Newcastle)

¹ This cannot be the CCG Audit Committee Chair

² This should not be the CCG Audit Committee Chair

- 6.3 These specified partners will be invited to attend in a non-voting capacity but will be an integral part of all discussions. They will be entitled to attend the meeting in private session, unless a conflict of interest prevents them from doing so for a particular item.
- 6.4 A standing invitation will be made to other specified stakeholders, namely:
- a) A representative from the Newcastle and North Tyneside Local Medical Committee
 - b) A representative from the Gateshead and South Tyneside Local Medical Committee
- 6.5 These stakeholders will be invited to attend in a non-voting capacity but will be an integral part of all discussions. They will not be entitled to attend the meeting in private session.
- 6.6 Other CCG Governing Body members, officers, employees, practice representatives and Commissioning Support Unit staff may be invited to attend all or part of meetings of the committee to provide advice or support particular discussion from time to time.
- 6.7 The membership will meet the requirements of the CCG's Constitution.
- 6.8 The Medical Director will be the lead officer for the committee, or will nominate a Director to undertake this role.

7 Meetings and Voting

- 7.1 The Committee shall adopt the Standing Orders of NHS Newcastle Gateshead CCG insofar as they relate to the:
- a) Notice of meetings;
 - b) Handling of meetings;
 - c) Agendas;
 - d) Circulation of papers; and
 - e) Conflicts of interest
- 7.2 To ensure effective management of actual or potential conflicts of interest, meeting agenda and papers will be circulated to ensure committee members do not receive papers on items on which they are conflicted. Individual members and/or attendees will withdraw from the meeting as requested to do so by the Chair of the committee.
- 7.3 Each member of the Committee shall have one vote. The Committee shall reach decisions by a simple majority of members present, but with the Chair having a second and deciding vote, if necessary. However, the aim of the Committee will be to achieve consensus decision-making wherever possible.

8 Quoracy

- 8.1 The quoracy for the committee is 50% of members and including at least one lay member, one Director of the CCG and one GP.

- 8.2 Where a conflict of interest arises which prevents all of the GPs from being involved in the discussion and/or voting on any matter then the quoracy for that part of the meeting will be at least one lay member and one Director of the CCG.

9 Frequency and operation of meetings

- 9.1 The committee will meet at regular intervals and not less than 4 times per year.
- 9.2 In exceptional circumstances, an extraordinary meeting of the committee may be required and can be called by the Chair by providing members with a minimum of five working days' notice. The quoracy for this meeting is the same as that set out above.
- 9.3 Meetings of the Committee shall:
- a) be held in public, subject to the application of 9.3(b) (below);
 - b) the Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.
- 9.4 Declarations of interest will be a standing agenda item. All potential conflicts of interest will be declared and dealt with in accordance with the CCG's Constitution and CCG policies and procedures for Standards of Business Conduct.
- 9.5 Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.
- 9.6 The Committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest..
- 9.7 The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.
- 9.8 Members of the Committee shall respect confidentiality requirements as set out in the CCG's Standing Orders and Standards of Business Conduct policy.
- 9.9 The Committee will make decisions within the bounds of its remit. The decisions of the Committee shall be binding on NHS England and the CCG.

9.10 The Committee will present its minutes to the CCG Governing Body and to NHS England (Cumbria and the North East sub region), for information and will also comply with any reporting requirements set out in the CCG Constitution.

9.11 The Committee will produce an executive summary report which will be presented to NHS England and the governing body for information no less than annually.

10 Review of Terms of Reference

10.1 These Terms of Reference will be formally reviewed on an annual basis, or as required reflecting experience of the Committee in fulfilling its functions or changes in guidance or legislation.

Approved by Governing Body: July 2019

Due for Review: July 2020